Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER CALIFORNIA BUSINESS ROUNDTABLE ISSUES PAC	**Date of** **This Filing** _____ 04/19/2019 _____
AREA CODE/PHONE NUMBER (415)389-6800	I.D. NUMBER (if applicable) 1264590

Date of This Filing 04/19/2019

Report No. _____ LCR # 1272 _____

☐ **Amendment to Report No.** _____
(explain below)

No. of Pages _____ 2 _____

Date Stamp

Page 1 of 2

CALIFORNIA FORM 497

For Official Use Only

STREET ADDRESS

CITY SAN RAFAEL
STATE CA
ZIP CODE 94901

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		

*Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

2375250-0

Late Contribution Report

CALIFORNIA FORM 497

NAME OF FILER CALIFORNIA BUSINESS ROUNDTABLE ISSUES PAC	**Date of This Filing** _____ 04/19/2019 _____
	Date Stamp

AREA CODE/PHONE NUMBER
(415)389-6800

I.D. NUMBER (if applicable)
1264590

Report No. _____ LCR # 1272 _____

STREET ADDRESS

☐ **Amendment to Report No.** _____
(explain below)

Page 2 of 2

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CITY
SAN RAFAEL

STATE
CA

ZIP CODE
94901

No. of Pages _____ 2 _____

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
04/19/2019	HOWARD JARVIS TAXPAYERS ASSOCIATION COMMITTEE TO REFORM LAUSD, NO ON EE LOS ANGELES, CA 95814 ID# 1417468	MEASURE EE LAUSD	$45,000.00	

Reason for Amendment:

2375250-0